NO. OF COPIES RECI	6		
DISTRIBUTIO			
SANTA FE	/		
FILE	1	-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR	2		
BROBATION OF			

	SANTA FE			NEW		ONSERVATION (FOR ALLOWAE		Form C-104 Supersedes Old C Effective 1-1-65	:-104 and C-110		
	FILE	\Box	_			AND					
	U.S.G.S.	AND NATURAL O	SAS								
	LAND OFFICE	,									
	TRANSPORTER GAS	1									
	OPERATOR	2									
	PRORATION OFFICE										
•	Decrator Control of the Control of t										
		aso Natural Gas Company									
	Box 990, Farmington, New Mexicb 87401										
					(ICD 8/401	Other (Please explain)	 			
	Reason(s) for filing (Check pa	roper	00x)	Change in Trans	porter of:						
	Recompletion			Oil	Dry Ga	To change name from Huerfano Unit					
	Change in Ownership			Casinghead Gas	Conden	sate #199	to Huerrano	Unit NP #199			
	If change of ownership give and address of previous ow										
	and address of previous on										
H.	DESCRIPTION OF WEL	L A	ND I	LEASE	T		Kind of Leas		Lease No.		
	Lease Name Huerfano Unit N	JD.		1							
				199 D	ISTN DARGO	<u> </u>	oldte, i yazı	. 6 6	0,020,		
	Location Unit Letter L ; 1750 Feet From The South Line and 990 Feet From The West										
	Unit Letter	. ; .	730	Feet From The	Lin Lin	e and 990	990 Feet From The West				
Line of Section 17 Township 25N Range SW , NMPM, San Juan											
	Eine of Section										
III.	DESIGNATION OF TRA	NSP	OR1	TER OF OIL AND	NATURAL GA	is			 		
	Name of Authorized Transpor	rter o	f 011	or Condens	ate	Address (Give ac	ddress to which appro	ved copy of this form is to	be sent)		
	EPN B					Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transpor	Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)			
	EPHA		_	Unit Sec.	Twp. Pge.	Is gas actually o	connected? Wh	en			
	If well produces oil or liquid give location of tanks.	is,		Unit Sec.	rwp. rige.	is gas actually o	1				
							a and a number				
IV	If this production is commi	ingle	d wit	th that from any other	er lease or pool,	give commingiin	g order number:	 			
1 .				Oil Wel	l Gas Well	New Well Wor	rkover Deepen	Plug Back Same Res'	v. Diff. Res'v.		
	Designate Type of C	omp	letic	on – (X)		1	<u> </u>	1			
	Date Spudded			Date Compl. Ready t	to Prod.	Total Depth		P.B.T.D.			
						Top Oil/Gas Par		Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top On/Gds Pd	У	Tubing Deptin			
						1		Depth Casing Shoe			
				TUBIN	IG, CASING, AN	D CEMENTING F	RECORD				
	HOLE SIZE	HOLE SIZE		CASING & TUBING SIZE		DEI	PTH SET	SACKS CEMENT			
								 			
						+		+			
_				OR ATTOMAST	(T 4		eal values of land of	and must be equal to or ex	ceed top allow-		
V	TEST DATA AND REQ	UES	TF	OR ALLOWABLE	able for this d	epth or be for full ?	24 hows)		,ceed top disone		
OIL WELL Date First New Oil Rin To Tanks Date of Test Date First New Oil Rin To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)											
	Length of Test			Tubing Pressure		Casing Pressure	•	Choke Size			
				211 211	<u></u>	Water - Bbls.		Gas - MCF			
	Actual Prod. During Test			Oil-Bbls.		"4(81 - 2215)					
					-						
	GAS WELL										
	Actual Prod. Test-MCF/D			Length of Test		Bbls. Condensa	ite/MMCF	Gravity of Condensate			
						 	Amburb 4 m S	Ohaha Gira			
	Testing Method (pitor, back	t pr.)		Tubing Pressure (S	hut-in)	Casing Pressure	e (Shut-in)	Choke Size			
						1	011 00110===	ATION COMMISSION			
VI	. CERTIFICATE OF CO	MPL	IAN	CE			OIL CONSERVATION COMMISSION MAY 1 1970				
<u></u>						APPROVE	MAY 1 19/U				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given										
above is true and complete to the best of my knowledge and belief.						By Original Signed by Emery C. Inner					
	Original Signed F. H. WOOD						TITLE SUPERVISOR DIST. #3 This form is to be filed in compliance with RULE 1104.				
		(Sign	nature)		well, this fo	orm must be accomp	enied by a tabulation of	the deviation			
	Petroleum Engineer						well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
						All sections of this form must be filled out completely for allow-					

(Title)

(Date)

April 29, 1970

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply